

UNITED STATES HOUSE OF REPRESENTATIVES
FINANCIAL DISCLOSURE STATEMENT
FORM B
For New Members, Candidates, and New Employees
U.S. HOUSE OF REPRESENTATIVES
LEGISLATIVE RESOURCE CENTER
10 JUN 28 PM 12: 22Name: Elissa B. Slotkin

Daytime Telephone: _____

<input checked="" type="checkbox"/> FILER STATUS <input type="checkbox"/> New Officer or Employee Employing Office: _____		New Member of or Candidate for U.S. House of Representatives District: <u>8th</u> Candidates – Date of Election: <u>6 November 2018</u>	State: <u>Michigan</u> Staff Filer Type (If Applicable): <input type="checkbox"/> Shared <input type="checkbox"/> Principal Assistant	<input type="checkbox"/> Check if Amendment Period Covered: January 1, 2017 to <u>JUNE 14, 2018</u>	<input type="checkbox"/> (Office Use Only) A \$200 penalty shall be assessed against any individual who files more than 30 days late.
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PRELIMINARY INFORMATION – ANSWER EACH OF THESE QUESTIONS

A. Did you, your spouse, or your dependent child: a. Own any reportable asset that was worth more than \$1,000 at the end of the reporting period? <input checked="" type="checkbox"/> b. Receive more than \$200 in unearned income from any reportable asset during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	E. Did you hold any reportable positions during the reporting period or in the current calendar year up through the date of filing? <input checked="" type="checkbox"/> No <input type="checkbox"/>
C. Did you or your spouse have "earned" income (e.g., salaries, honoraria, or pension/IRA distributions) of \$200 or more during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	F. Did you have any reportable agreement or arrangement with an outside entity during the reporting period or in the current calendar year up through the date of filing? <input type="checkbox"/> No <input checked="" type="checkbox"/>
D. Did you, your spouse, or your dependent child have any reportable liability (more than \$1,000) at any point during the reporting period?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	G. Did you receive compensation of more than \$5,000 from a single source in the current year and two prior years? <input type="checkbox"/> No <input checked="" type="checkbox"/>

ATTACH THE CORRESPONDING SCHEDULE IF YOU ANSWER "YES"
THIS FORM INCLUDES ONLY THE SCHEDULES THAT YOU ARE REQUIRED TO COMPLETE
EXCLUSION OF SPOUSE, DEPENDENT, OR TRUST INFORMATION - ANSWER BOTH OF THESE QUESTIONS
TRUSTS – Details regarding "Qualified Blind Trusts" approved by the Committee on Ethics and certain other "excepted trusts" need not be disclosed. Have you excluded from this report details of such a trust that benefits you, your spouse, or dependent child?

EXEMPTION – Have you excluded from this report any other assets, "unearned" income, or liabilities of a spouse or dependent child because they meet all three tests for exemption? Do not answer "yes" unless you have first consulted with the Committee on Ethics.

Yes No

SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name: **Elissa B. Slotkin**

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BLOCK A		BLOCK B												BLOCK C												BLOCK D											
Assets and/or Income Sources		Value of Asset												Type of Income												Amount of Income											
Identify (a) each asset held for investment, or production of income and with a fair market value exceeding \$1,000 at the end of the reporting period, and (b) any other reportable asset or source of income which generated more than \$200 in “unearned” income during the year.		Indicate value of asset at close of the reporting period. If you use a valuation method other than fair market value, please specify the method used.												Check all columns that apply. For accounts that generate tax-deferred income (such as 401(k), IRA, or 529 accounts), you may check the “Tax-Deferred” column. Dividends, interest, and capital gains, even if reinvested, must be disclosed as income for assets held in taxable accounts. Check “None” if no income was earned or generated.												For assets for which you checked “Tax-Deferred” in Block C, you may check the “None” column. For all other assets, indicate the category of income by checking the appropriate box below. DIVIDENDS, INTEREST, AND CAPITAL GAINS, EVEN IF REINVESTED, MUST BE DISCLOSED AS INCOME FOR ASSETS HELD IN TAXABLE ACCOUNTS. Check “None” if no income was earned or generated.											
Provide complete names of stocks and mutual funds (do not use only ticker symbols).		“Column M is for assets held by your spouse or dependent child in which you have no interest.												“Column M is for assets held by your spouse or dependent child in which you have no interest.												“Column XII is for assets held by your spouse or dependent child in which you have no interest.											
For all RAs , and other retirement plans (such as 401(k) plans) provide the value for each asset held in the account that exceeds the reporting thresholds.																																					
A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII	
For bank and other cash accounts, total the amount in all interest-bearing accounts. If the total is over \$5,000, list every financial institution where there is more than \$1,000 in interest-bearing accounts.																																					
For rental and other real property held for investment, provide a complete address or description, e.g., “rental property” and a city and state.																																					
For an ownership interest in a privately-held business that is not publicly traded, state the name of the business, the nature of its activities, and its geographic location in Block A.																																					
Exclude: Your personal residence, including second homes and vacation homes (unless there was rental income during the reporting period); and any financial interest in, or income derived from, a federal retirement program, including the Thrift Savings Plan.																																					
If you have a privately-traded fund that is an Exempted Investment Fund, please check the “EIF” box.																																					
If you so choose, you may indicate that an asset or income source is that of your spouse (SP) or dependent child (DC), or jointly held with anyone (JT). In the optional column on the far left.																																					
For a detailed discussion of Schedule A requirements, please refer to the instruction booklet.																																					
SP,	DC,	JT	Current Year												Preceding Year																						
Examples:			None												None																						
ABC Hedge Fund			\$1-\$1,000												\$1-\$200																						
Morgan Stanley Columbia Seligman			\$1,001-\$15,000												\$201-\$1,000																						
Comms and Information (STMKX)			\$15,001-\$50,000												\$1,001-\$2,500																						
Morgan Stanley Henderson International			\$50,001-\$100,000												\$2,501-\$5,000																						
SF Opportunities A (HPOAX)			\$100,001-\$1,000,000												\$5,001-\$15,000																						
Morgan Stanley Ivy Asset Strategy (WASX)			\$1,000,001-\$5,000,000												\$15,001-\$50,000																						
Family Trust (Cash and Universal Life Insurance Co.)			Over \$5,000,000												\$50,001-\$100,000																						
IRM (18M)			Spouse/DC Asset over \$1,000,000*												\$100,001-\$1,000,000																						
			None												\$100,001-\$1,000,000																						
			\$1-\$200												\$1,001-\$2,500																						
			\$201-\$1,000												\$2,501-\$5,000																						
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			Over \$5,000,000												Over \$5,000,000																						
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SCHEDULE A – ASSETS & “UNEARNED INCOME”

Name:	Elissa B. Slotkin	Page 3 of 6
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BLOCK A Assets and/or Income Sources	BLOCK B Value of Asset	BLOCK C Type of Income	BLOCK D Amount of Income																								
			Current Year						Preceding Year																		
SP. DC.	ASSET NAME	EIF	A	B	C	D	E	F	G	H	I	J	K	L	M	I	II	III	IV	V	VI	VII	VIII	IX	X	XI	XII
JP																											
SP	IRA, Traditional Fidelity Magellan (FMAGX)	x																									
SP	IRA, Roth Fidelity Growth (FDGRX)	x																									
PNC	(cash accounts)	x																									
SH	Bank of America (cash accounts)	x																									
SP	Morgan Stanley Bank (cash accounts)	x																									
SP	Bank of America (BAC)	x																									
SP	Morgan Stanley, Institutional Fund Growth A (MSBGK)	x																									
SP	Morgan Stanley, Institutional Fund Trust Global Strategist A (RBMXK)	x																									
SP	Morgan Stanley, PIMCO All Assets B (PASBK)	x																									
Wait Disney Company (DIS)		x																									
SP	CACI and B&H (salary)	x																									
SP	Morgan Stanley, Institutional Fund, Global Strategist I (RBMX)	x																									
Comerica Savings (cash account)		x																									
SP	Morgan Stanley, Focus Growth Fund A * (MSKX)	x																									
SP	Johnson and Johnson (JNJ)	x																									

Use additional sheets if more space is required.

SCHEDULE C – EARNED INCOME

Name: Elissa B. Slotkin

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List the source, type, and amount of earned income from any source (other than the filer's current employment by the U.S. government) totaling \$200 or more during the reporting period. For both the filer and filer's spouse, list the source and amount of any honoraria. List only the source for other spouse earned income exceeding \$1,000. See examples below.

EXCLUDE: Military pay (such as National Guard or Reserve pay), federal retirement programs, and benefits received under the Social Security

INCOME LIMITS and PROHIBITED INCOME: Be advised that the income limit and prohibited income may apply to you after you are on House payroll. The 2016 limit on outside earned income for Members and employees compensated at or above the "Senior Staff" rate was \$27,495. The 2017 limit is \$27,765. In addition, certain types of income (notably honoraria, director's fees, and payments for professional services involving a fiduciary relationship) are totally prohibited for Members and senior staff.

Use additional sheets if more space is required.

SCHEDULE D – LIABILITIES

Name: Elissa B. Slotkin

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Report liabilities of over \$10,000 owed to any one creditor at any time during the reporting period. **New Members:** Members are required to report all liabilities secured by real property including mortgages on their personal residence. **Exclude:** Any mortgage on your personal residence (unless you rent it out or are a Member); loans secured by automobiles, household furniture, or appliances; liabilities of a business in which you own an interest (unless you are personally liable); and liabilities owed to you by a spouse or the child, parent, or sibling of you or your spouse. Report a **revolving charge account** (i.e., credit card) only if the balance at the close of the reporting period exceeded \$10,000.

*Column K is for liabilities held solely by your spouse or dependent child.

SP, DC, JT	Creditor	Date Liability Incurred MO/YR	Amount of Liability									
			A	B	C	D	E	F	G	H	I	J
Example	First Bank of Wilmington, DE	5/98										
None			\$10,001-\$15,000									
			\$15,001-\$50,000									
			\$50,001-\$100,000									
			\$100,001-\$250,000									
			\$250,001-\$500,000									
			\$500,001-\$1,000,000									
			\$1,000,001-\$5,000,000									
			\$5,000,001-\$25,000,000									
			\$25,000,001-\$50,000,000									
			Over \$50,000,000									
			Over \$1,000,000* (Spouse/DC Liability)									

SCHEDULE E – POSITIONS

Report all positions, compensated or uncompensated, as an officer, director, trustee of an organization, partner, proprietor, representative, employee, or consultant of any corporation, firm, partnership, or other business enterprise, nonprofit organization, labor organization, or educational or other institution other than the United States. **Exclude:** Positions held in any religious, social, fraternal, or political entities (such as political parties and campaign organizations); and positions solely of an honorary nature. **New Members and second-year candidates** report positions held in the current calendar year and two previous years. **First-year candidates and new employees** report positions held in the current calendar year and two previous years.

Position	Name of Organization
Founder, CEO	Pin Point Consultants, Holly MI 48442

SCHEDULE F – AGREEMENTS

Identify the date, parties to, and general terms of any agreement or arrangement that you have with respect to: future employment; a leave of absence during the period of government service continuation or deferral of payments by a former or current employer other than the U.S. government; or continuing participation in an employee welfare or benefit plan maintained by a former employer.

SCHEDULE J – COMPENSATION IN EXCESS OF \$5,000 PAID BY ONE SOURCE

Report sources of compensation received by you or your business affiliation for services provided directly by you during the current year and two prior years. This includes the names of clients and customers of any corporation, firm, partnership, or other business enterprise if you directly provided the services generating a fee or payment of more than \$5,000. **Exclude:** Payments by the U.S. government and any information considered confidential as a result of a privileged relationship recognized by law. **Do not repeat information listed on Schedule C.**

Source (Name and City/State)		Brief Description of Duties
Example:	Dee Jones & Smith, Hometown, Homestate	Accounting Services
	None	

Use additional sheets if more space is required.

**FILER NOTES
(Optional)**

Name: _____ Page ____ of ____